Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			, 2					RATE	FEE	1	RATE	FEE
FC)R		NUMBER FILED		NUME	BER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TO	TAL CHARGE	ABLE CLAIMS	(minus 20=		* 67			X\$ 9=		OR	X\$18=	1.7 2.7 2.7 2.7 2.7 3.7 4.7 4.7 4.7 4.7 4.7 4.7 4.7 4.7 4.7 4
INE	DEPENDENT C	LAIMS	? minus 3 =		* 4			X42=		OR	X84=	-163
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+140=		OR	+280=	3 9
* 11	the difference	e in column 1 is	less than z	ero, enter	"0" in (column 2	•	TOTAL		OR	TOTAL	2252
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER		HIGH NUMI PREVIO	EST BER	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL]	RATE	ADDI- TIONAL
	Total	*	Minus	PAID **	FOR	=	ł	V¢ o	FEE		V#40	FEE
	Independent	*	Minus	***		=		X\$ 9=		OR	X\$18=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM			X42=		OR	X84=	
								+140=		OR	+280=	
	1,5,							TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)		(Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	W.	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	pendent			=		X42=		OR	X84=		
	FIRST PRESE	INTATION OF MI	JUIPLE DE	PENDENT	CLAIM		I	+140=		OR	+280=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)		DDII. I EE			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	<u> </u>
	Independent	*	Minus	***		=		X42=			X84=	
Ľ.	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		H			OR		
*	If the entry in colu	+140=		OR	+280=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
	The "Highest Nun	nber Previously Pai	d For" (Total o	or Independe	ent) is the	highest number	r four	nd in the app	ropriate box	cin coli	umn 1.	